

APPLICATION PROFORMA FOR TECHNICAL ASSISTANT (T-3) CATEGORY-II (FUNCTIONAL GROUP FIELD & FARM TECHNISIAN) AT ICAR-NATIONAL INSTITUTE FOR PLANT BIOTECHNOLOGY, NEW DELHI (ON INTER-INSTITUTIONAL TRANSFER BASIS):

1.	Name of the applicant & (FMS No.)	
	Father's/Husband's Name	
2.	Gender: Male/Female	
3.	Date of Birth & Age	
4.	Name of ICAR Institute where applicant is working at present	
5.	Name of the post, category & functional group to which initially with date Present post held on regular basis with date of assessment promotion	
6.	Date of confirmation/post held substantively	
7.	Nature of duties performed (in brief)	
8.	Educational Qualification (Subjects studied at graduation level should be clearly mentioned)	Graduation Degree & Subject(s) Studied - Post Graduation - Other, if any -
9.	Whether belongs to UR/SC/ST/OBC/Physically handicapped & selected under with category (UR/SC/ST/OBC/PH)	
10.	Email Address (preferably ICAR email ID i.e @icar.gov.in) and Mobile No.	

11.	<p>Reason for transfer: (Pl. Specify- Max 100 words and attach necessary documents, if any)</p> <p>a. Spouse ground (Whether employed in State Gov./Central Gov./PSUs. If yes, please attach copy of self attested ID proof issued by the department where spouse is working).</p> <p>b. Medical ground (Self or any family members: Family as defined under CGHS/CS (MA) rules).</p> <p>c. Other (Give details)</p>	
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I do hereby declare that the particulars furnished by me are correct to the best of my knowledge and belief.

(Signature of the applicant)

Date: -----

It is certified that particulars furnished above have been verified from the service book and found correct and no disciplinary case is either pending or being contemplated against the official.

Signature of the Head of Office
(With Stamp)